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PTO/SB/31 (02/01)
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NOTICE OF APPEAL FROM THE EXAMINER TO THE
BOARD OF PATENT APPEALS AND INTERFERENCES

Docket Number (optional)
HUIP-P01-060

In re Application of Baron et al.	
Application Number 09/021660	Filed February 10, 1998
For METHODS FOR MODULATING HEMATOPOIESIS AND VASCULAR GROWTH	
Group Art Unit 1646	Examiner C. Kaufman

Applicant hereby **appeals** to the Board of Patent Appeals and Interferences from the last decision of the examiner.

The fee for this Notice of Appeal is (37 CFR 1.17(b)) \$ 320.00

- ☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee shown above is reduced by half and the resulting fee is: \$ _____
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☒ The Commissioner is hereby authorized to charge any fees which may be required, or credit any overpayment to Deposit Account No. 18-1945. I have enclosed a duplicate copy of this sheet.
- ☐ A petition for an extension of time under 37 CFR 1.136(a) (PTO/SB/22) is enclosed.

I am the

- ☐ applicant /inventor
- ☐ assignee of record of the entire interest.
See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)
- ☒ attorney or agent of record.
- ☐ attorney or agent acting under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a) _____


Signature

David P. Halstead, Ph.D.
Typed or printed name
July 22, 2002
Date

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of 1 forms are submitted.

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Dated: _____ Signature: _____ (Farah Zafar)

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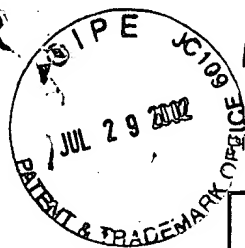
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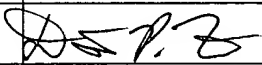
TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/021660
		Filing Date	February 10, 1998
		First Named Inventor	Margaret H. Baron
		Group Art Unit	1646
		Examiner Name	C. Kaufman
Total Number of Pages in This Submission	4	Attorney Docket Number	HUIP-P01-060

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ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below)
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual Name	ROPES & GRAY David P. Halstead, Ph.D.
Signature	
Date	July 22, 2002

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PTO/SB/17 (11-01)
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FEE TRANSMITTAL for FY 2002 <i>Patent fees are subject to annual revision.</i>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/021660
TOTAL AMOUNT OF PAYMENT (\$) 320.00		Filing Date	February 10, 1998
		First Named Inventor	Margaret H. Baron
		Examiner Name	C. Kaufman
		Group Art Unit	1646
		Attorney Docket No.	HUIP-P01-060

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METHOD OF PAYMENT (check all that apply)		FEE CALCULATION (continued)																																											
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1. BASIC FILING FEE																																													
<table border="1"><thead><tr><th>Large Entity</th><th>Small Entity</th><th>Fee Code</th><th>Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>101</td><td>201</td><td>740</td><td>370</td><td>Utility filing fee</td><td></td></tr><tr><td>106</td><td>206</td><td>330</td><td>165</td><td>Design filing fee</td><td></td></tr><tr><td>107</td><td>207</td><td>510</td><td>255</td><td>Plant filing fee</td><td></td></tr><tr><td>108</td><td>208</td><td>740</td><td>370</td><td>Reissue filing fee</td><td></td></tr><tr><td>114</td><td>214</td><td>160</td><td>80</td><td>Provisional filing fee</td><td></td></tr><tr><td colspan="5">SUBTOTAL (1) (\$)</td><td>0.00</td></tr></tbody></table>		Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid	101	201	740	370	Utility filing fee		106	206	330	165	Design filing fee		107	207	510	255	Plant filing fee		108	208	740	370	Reissue filing fee		114	214	160	80	Provisional filing fee		SUBTOTAL (1) (\$)					0.00		
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SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	David P. Halstead, Ph.D.	Registration No. (Attorney/Agent)	44,735
Signature		Telephone	(617) 951-7615
		Date	July 22, 2002

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